SERVICE CATEGORY	PA-OAS	PA-AB	PA-ATD	PA-AFDC	LT-OAS	LT-AB
PHYSICIANS	\$37,385,540	\$8,854,450	\$354,740,680	\$69,547,780	\$7,535,530	\$110,520
OTHER MEDICAL	\$71,229,110	\$15,862,650	\$491,675,520	\$181,460,310	\$7,089,330	\$351,300
COUNTY OUTPATIENT	\$2,010,890	\$1,153,410	\$49,149,290	\$9,382,520	\$219,560	\$120
COMMUNITY OUTPATIENT	\$23,279,510	\$4,563,580	\$232,491,850	\$41,878,720	\$1,181,240	\$16,060
PHARMACY	\$69,153,710	\$20,663,040	\$1,155,290,130	\$85,866,570	\$20,280,280	\$241,600
COUNTY INPATIENT	\$8,077,410	\$2,094,560	\$143,482,840	\$26,363,830	\$1,885,730	\$110
COMMUNITY INPATIENT	\$182,154,100	\$27,082,700	\$1,028,834,640	\$224,870,140	\$21,142,680	\$206,200
NURSING FACILITIES	\$406,186,820	\$27,879,940	\$667,373,290	\$1,996,140	\$1,881,462,240	\$7,789,490
ICF-DD	\$340,890	\$10,690,600	\$192,434,170	\$858,560	\$18,011,810	\$3,559,830
MEDICAL TRANSPORTATION	\$17,594,270	\$6,185,560	\$70,235,420	\$5,040,030	\$4,946,040	\$156,700
OTHER SERVICES	\$158,804,430	\$13,956,110	\$528,731,030	\$43,310,020	\$69,063,280	\$373,480
HOME HEALTH	\$89,750	\$13,736,430	\$90,050,160	\$3,777,320	\$2,620	\$0
FFS SUBTOTAL	\$976,306,430	\$152,723,040	\$5,004,489,030	\$694,351,930	\$2,032,820,350	\$12,805,400
DENTAL	¢27.467.550	\$2,300,980	¢05 400 240	\$119,820,780	¢4 407 200	¢10.020
	\$37,167,550		\$85,488,210		\$4,497,380	\$19,020
TWO PLAN MODEL	\$22,914,550	\$6,442,700	\$494,915,080	\$890,164,820	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$121,148,710	\$13,046,740	\$475,923,820	\$177,238,110	\$269,303,570	\$669,860
GEOGRAPHIC MANAGED CARE	\$6,271,620	\$1,771,850	\$121,159,680	\$156,799,230	\$0	\$0
PHP & OTHER MANAG. CARE	\$79,826,080	\$5,039,850	\$206,710,190	\$10,418,260	\$0	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$17,647,290	\$0	\$0
MEDICARE PAYMENTS	\$1,055,763,840	\$56,968,130	\$1,573,409,330	\$0	\$142,273,370	\$1,858,640
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,027,390	\$1,912,870	\$76,929,500	\$4,597,300	\$4,199,280	\$750,730
MISC. SERVICES	\$479,753,540	\$29,700,780	\$1,944,045,610	\$1,337,380	\$510	\$0
NON-FFS SUBTOTAL	\$1,803,873,280	\$117,183,900	\$4,978,581,420	\$1,378,023,170	\$420,274,110	\$3,298,250
TOTAL DOLLARS (1)	\$2,780,179,710	\$269,906,940	\$9,983,070,450	\$2,072,375,100	\$2,453,094,460	\$16,103,660
ELIGIBLES ***	394,900	23,900	915,900	1,211,300	47,300	200
ANNUAL \$/ELIGIBLE	\$7,040	\$11,293	\$10,900	\$1,711	\$51,862	\$80,518
AVG. MO. \$/ELIGIBLE	\$587	\$941	\$908	\$143	\$4,322	\$6,710

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 32. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	LT-ATD	MN-OAS	MN-AB	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$7,612,340	\$59,849,430	\$574,530	\$62,622,610	\$330,038,700	\$36,322,690
OTHER MEDICAL	\$5,931,660	\$84,047,590	\$2,052,640	\$110,410,880	\$460,245,060	\$77,658,640
COUNTY OUTPATIENT	\$609,970	\$9,510,200	\$131,650	\$18,744,810	\$42,087,910	\$4,640,010
COMMUNITY OUTPATIENT	\$1,249,580	\$25,146,640	\$138,990	\$31,834,940	\$130,952,990	\$16,601,520
PHARMACY	\$20,639,070	\$104,950,120	\$735,800	\$107,068,310	\$166,521,650	\$38,215,960
COUNTY INPATIENT	\$15,679,730	\$22,356,690	\$516,550	\$134,909,110	\$244,091,890	\$18,945,310
COMMUNITY INPATIENT	\$37,283,250	\$127,373,880	\$1,785,090	\$275,921,440	\$1,287,599,930	\$111,040,110
NURSING FACILITIES	\$456,889,120	\$221,030,240	\$1,394,670	\$70,623,820	\$21,356,210	\$9,100,670
ICF-DD	\$189,010,370	\$10,330	\$0	\$8,171,640	\$531,270	\$2,704,430
MEDICAL TRANSPORTATION	\$2,580,940	\$13,844,530	\$477,970	\$17,921,520	\$13,196,790	\$1,890,250
OTHER SERVICES	\$12,440,000	\$110,623,870	\$318,500	\$77,088,250	\$109,250,350	\$16,134,570
HOME HEALTH	\$39,370	\$825,580	\$12,450	\$51,322,610	\$8,251,180	\$6,527,840
FFS SUBTOTAL	\$749,965,390	\$779,569,110	\$8,138,830	\$966,639,930	\$2,814,123,920	\$339,782,020
DENTAL	\$1,407,210	\$21,165,560	\$57,360	\$11,443,170	\$286,164,940	\$23,519,580
TWO PLAN MODEL	\$0	\$22,827,050	\$181,740	\$29,892,450	\$1,776,142,620	\$36,852,670
COUNTY ORGANIZED HEALTH SYSTEMS	\$104,105,690	\$69,958,130	\$229,370	\$71,337,810	\$466,643,710	\$20,314,720
GEOGRAPHIC MANAGED CARE	\$0	\$3,776,590	\$0	\$6,785,670	\$191,992,530	\$6,419,270
PHP & OTHER MANAG. CARE	\$0	\$45,550,680	\$124,840	\$27,459,320	\$24,091,230	\$2,044,180
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$41,280,320	\$3,302,310
MEDICARE PAYMENTS	\$34,425,760	\$253,332,310	\$1,977,980	\$165,989,310	\$13,366,330	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$197,384,760	\$86,590	\$230,900	\$1,682,890	\$5,190,440	\$2,971,120
MISC. SERVICES	\$160	\$271,725,340	\$736,380	\$258,816,880	\$3,164,410	\$261,100
NON-FFS SUBTOTAL	\$337,323,590	\$688,422,240	\$3,538,580	\$573,407,490	\$2,808,036,530	\$95,684,940
TOTAL DOLLARS (1)	\$1,087,288,980	\$1,467,991,350	\$11,677,400	\$1,540,047,420	\$5,622,160,450	\$435,466,970
ELIGIBLES ***	14,700	230,600	600	119,400	3,018,700	245,500
ANNUAL \$/ELIGIBLE	\$73,965	\$6,366	\$19,462	\$12,898	\$1,862	\$1,774
AVG. MO. \$/ELIGIBLE	\$6,164	\$530	\$1,622	\$1,075	\$155	\$148

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 32. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$4,355,990	\$552,630	\$32,236,210	\$185,177,310	\$4,030,330	\$4,307,260
OTHER MEDICAL	\$3,661,930	\$798,080	\$40,735,380	\$193,169,460	\$16,224,710	\$7,097,320
COUNTY OUTPATIENT	\$739,660	\$225,480	\$6,341,250	\$13,280,910	\$760,190	\$548,080
COMMUNITY OUTPATIENT	\$1,526,420	\$147,790	\$9,156,190	\$32,226,380	\$3,026,680	\$2,697,740
PHARMACY	\$3,465,440	\$515,390	\$13,025,900	\$16,575,550	\$3,225,940	\$2,868,200
COUNTY INPATIENT	\$3,144,560	\$43,680	\$55,715,280	\$57,661,010	\$801,810	\$1,312,350
COMMUNITY INPATIENT	\$13,863,100	\$433,680	\$114,307,380	\$395,380,640	\$8,559,520	\$12,973,850
NURSING FACILITIES	\$44,424,480	\$0	\$18,651,430	\$0	\$0	\$0
ICF-DD	\$2,013,410	\$0	\$686,890	\$0	\$0	\$0
MEDICAL TRANSPORTATION	\$359,540	\$17,250	\$3,535,470	\$1,879,650	\$237,210	\$239,260
OTHER SERVICES	\$1,160,290	\$58,250	\$2,221,380	\$7,489,080	\$3,827,950	\$4,072,120
HOME HEALTH	\$33,520	\$520	\$148,540	\$847,930	\$468,460	\$1,224,070
FFS SUBTOTAL	\$78,748,350	\$2,792,750	\$296,761,300	\$903,687,910	\$41,162,800	\$37,340,240
DENTAL	\$418,360	\$777,800	\$106,140	\$156,470	\$7,715,410	\$9,241,040
TWO PLAN MODEL	\$2,277,300	\$824,990	\$0	\$28,296,190	\$59,577,360	\$48,847,890
COUNTY ORGANIZED HEALTH SYSTEMS	\$4,004,190	\$295,550	\$4,023,760	\$15,069,860	\$22,255,740	\$14,882,420
GEOGRAPHIC MANAGED CARE	\$298,330	\$108,070	\$0	\$8,104,920	\$12,355,970	\$8,624,170
PHP & OTHER MANAG. CARE	\$31,850	\$0	\$0	\$1,378,540	\$775,430	\$643,270
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$1,500,310	\$1,114,360
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$151,000	\$31,900	\$307,880	\$385,560	\$0	\$3,174,880
MISC. SERVICES	\$3,730	\$0	\$0	\$166,850	\$23,720	\$18,600
NON-FFS SUBTOTAL	\$7,184,760	\$2,038,310	\$4,437,780	\$53,558,400	\$104,203,940	\$86,546,640
TOTAL DOLLARS (1)	\$85,933,110	\$4,831,060	\$301,199,090	\$957,246,300	\$145,366,740	\$123,886,880
ELIGIBLES ***	4,000	1,900	73,400	202,600	110,300	86,300
ANNUAL \$/ELIGIBLE	\$21,483	\$2,543	\$4,104	\$4,725	\$1,318	\$1,436
AVG. MO. \$/ELIGIBLE	\$1,790	\$212	\$342	\$394	\$110	\$120

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 32. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$1,205,854,530
OTHER MEDICAL	\$1,769,701,550
COUNTY OUTPATIENT	\$159,535,930
COMMUNITY OUTPATIENT	\$558,116,820
PHARMACY	\$1,829,302,660
COUNTY INPATIENT	\$737,082,450
COMMUNITY INPATIENT	\$3,870,812,310
NURSING FACILITIES	\$3,836,158,550
ICF-DD	\$429,024,220
MEDICAL TRANSPORTATION	\$160,338,410
OTHER SERVICES	\$1,158,922,970
HOME HEALTH	\$177,358,340
FFS SUBTOTAL	\$15,892,208,740
DENTAL	\$611,466,970
TWO PLAN MODEL	\$3,420,157,410
COUNTY ORGANIZED HEALTH SYSTEMS	\$1,850,451,750
GEOGRAPHIC MANAGED CARE	\$524,467,900
PHP & OTHER MANAG. CARE	\$404,093,710
EPSDT SCREENS	\$64,844,600
MEDICARE PAYMENTS	\$3,299,365,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$301,015,000
MISC. SERVICES	\$2,989,755,000
NON-FFS SUBTOTAL	\$13,465,617,330
TOTAL DOLLARS (1)	\$29,357,826,070
ELIGIBLES ***	6,701,500
ANNUAL \$/ELIGIBLE	\$4,381
AVG. MO. \$/ELIGIBLE	\$365

⁽¹⁾ Does not include Audits & Lawsuits, Recoveries, and Mental Health Services.

Excluded policy changes: 32. Refer to page following report for listing.

^{***} Eligibles include the estimated impact of eligibility policy changes.

EXCLUDED POLICY CHANGES: 32

1	FAMILY PLANNING INITIATIVE
2	BREAST AND CERVICAL CANCER TREATMENT
4	CHDP GATEWAY - PREENROLLMENT
5	BRIDGE TO HFP
8	MEDI-CAL/HF BRIDGE PERFORMANCE STANDARDS
9	MEDI-CAL TO HFP ACCELERATED ENROLLMENT
10	BCCTP RETROACTIVE COVERAGE
12	HURRICANE KATRINA SECTION 1115 WAIVER
35	CDSS SHARE OF COST PAYMENT FOR IHSS
46	FAMILY PACT DRUG REBATES
74	HOSP FINANCING - DSH PMT
75	HOSP FINANCING - SAFETY NET CARE POOL
76	HOSP FINANCING - PRIVATE DSH REPLACEMENT
77	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT
78	HOSP FINANCING-DPH PHYSICIAN & NON-PHYSICIAN
79	HOSP FINANCING - CCS AND GHPP
80	HOSP FINANCING - DISTRESSED HOSPITAL FUND
82	HOSP FINANCING - NDPH SUPPLEMENTAL PMT
83	HOSP FINANCING - HEALTH CARE COVERAGE
85	HOSP FINANCING - STABILIZATION FUNDING
87	BASE ADJUSTMENT - DPH INTERIM RATE
90	CAPITAL PROJECT DEBT REIMBURSEMENT
91	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT
92	IGT FOR NON-SB 1100 HOSPITALS
93	FFP FOR LOCAL TRAUMA CENTERS
94	CERTIFICATION PAYMENTS FOR DP-NFS
95	DSH OUTPATIENT PAYMENT METHOD CHANGE
96	SRH OUTPATIENT PAYMENT METHOD CHANGE
97	DSH PAYMENTS
109	MEDI-CAL TCM PROGRAM (Misc. Svcs.)
110	HEALTHY FAMILIES - CDMH
114	MINOR CONSENT SETTLEMENT